

Healthier Medicare: Reform of the Primary Health Care System

BETTER OUTCOMES FOR PEOPLE WITH CHRONIC AND COMPLEX CONDITIONS

KEY FACTS

- 1 in 5 Australians have at least 2 chronic conditions
- Stage 1 of the Health Care Home model implementation will occur in selected regions across Australia
- Around 200 medical practices and up to 65,000 patients with chronic and complex conditions will enrol
- National rollout arrangements will be informed by a rigorous evaluation

The Government has accepted the findings of the Primary Health Care Advisory Group and is reforming the way care is provided for people with chronic and complex conditions.

This reform will take the first step towards a new model of primary health care for people with chronic and complex conditions, called 'Health Care Homes'.

What is a Health Care Home?

Health Care Homes are a 'home base' that will coordinate the comprehensive care that patients with chronic and complex conditions need on an ongoing basis.

General practices and Aboriginal Medical Services can serve as Health Care Homes.

Patients who have been assessed as eligible and likely to benefit from this model will be offered the opportunity to voluntarily 'enrol' with a participating Health Care Home.

A tailored care plan will be developed with the patient and implemented by a team of health care providers. This will involve identifying the best local providers to meet each patient's needs, coordinating care with these providers, and putting in place strategies to better manage their health conditions and improve their quality of life.

Care will be integrated across primary and hospital care as required, and a more effective

partnership will be established across hospitals and primary health sectors.

Health Care Homes will support enrolled patients and their carers to be active partners in their care. This will involve giving patients the knowledge, skills and support they need to make decisions about their health and keep healthy.

To enable this new model of care, payments for patients enrolled in Health Care Homes will change.

Health Care Homes will be paid a regular bundled payment by the Government to provide care related to a patient's chronic and complex condition. This will enable Health Care Homes to be flexible and innovative in how they deliver care to enrolled patients.



Who will benefit?

The Health Care Home model will initially be rolled out in selected regions based on Primary Health Network (PHN) boundaries across the country.

Around 200 medical practices in these PHN regions will become Health Care Homes and together they will enrol up to 65,000 patients with chronic and complex health conditions who have been assessed as eligible and likely to benefit from this model.

How will Health Care Homes be different?

Care Currently		Health Care Home Care
My patients are those who make appointments to see me	➔	Our patients are those who are enrolled in our Health Care Home
Care is determined by today's problem and time available today	➔	Care is determined by a proactive plan to meet health needs, with or without face to face visits
Patients are responsible for coordinating their own care	➔	A prepared team of professionals coordinates all patients' care
It's up to the patient to tell us what happened to them	➔	We track tests and consultations, and follow-up after ED visits and hospitalisations
Practice operations centre on meeting the doctors need	➔	A multidisciplinary team works at the top of our license to serve patients.

Source: Adapted from F. Daniel Duffy, MD, MACP, Senior Associate, Dean for Academics, University of Oklahoma School of Community Medicine

When will it happen?

Health Care Homes will be rolled out and evaluated in selected regions from July 2017. Evaluation of Health Care Homes in these regions will inform refinement of the new model of care and its suitability for broader rollout.

Timeline for Health Care Home rollout

Year	Objective
1	<ul style="list-style-type: none"> • Selection of regions for rollout • Active engagement of consumers and care providers in implementation design • Expression of Interest for Health Care Homes • Development of guidelines and tools for Health Care Homes and consumers • Finalise and implement evaluation framework • Provide training and support to providers and consumers on the new model of care
2-3	<ul style="list-style-type: none"> • Patient enrolment begins – up to 65,000 patients (early 2017) • Delivery of services begin (1 July

Year	Objective
2017)	<ul style="list-style-type: none"> • Ongoing evaluation and refinement of Health Care Homes • Finalise evaluation, refine model and confirm national rollout arrangements.

What funding has the Government committed?

The Health Care Home rollout will improve the targeting and alignment of existing health care resources, with additional Australian Government expenditure of \$21.3 million to support the rollout to 30 June 2019.

Approximately \$93 million in redirected MBS funding will also support flexible and innovative clinical service delivery to improve the long term management of patients with chronic and complex conditions.

Why is this a priority for the Government?

Primary health care services are the first and most common point of contact with the health care system for the majority of Australians and therefore have a vital role to play in health care reform.

While Australia's primary health care system works well for most people, it does not always meet the needs of people with chronic and complex health conditions.



1 in 2 Australians have a chronic condition and 1 in 5 have at least 2 chronic conditions

There is a potentially preventable hospitalisation for chronic conditions in Australia every 2 minutes

People with chronic and complex health conditions frequently need to access services from multiple health professionals working in different parts of the health care system. They often report difficulty finding appropriate care and poor communication between health professionals undertaking different aspects of their treatment.

Together, these problems can lead to confusion, delays in service delivery, duplication of services, concerns about patient safety and increased health care costs.

Further information can be found at www.health.gov.au/healthcarehomes